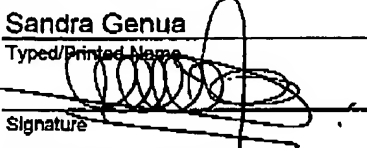


NOV 22 2005



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TO: COMMISSIONER FOR PATENTS, U.S. PATENT & TRADEMARK OFFICE		
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CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below. Sandra Genua Typed/Printed Name  Signature November 22, 2005 Date	APPLICATION NO.	
	10/724,309	
	FILING DATE	
	11/26/2003	
	FIRST NAMED INVENTOR	
	Liu, et al.	
	ART UNIT	
2651		
CONFIRMATION NO.	2994	
EXAMINER	UNKNOWN	
ATTORNEY DOCKET NO.	K35R1883	
TITLE	MAGNETIC HEAD FOR PERPENDICULAR RECORDING WITH MAGNETIC LOOP PROVIDING NON-PERPENDICULAR WRITE FIELD	

ATTACHED WITH THIS SUBMISSION:

1. Revocation Of Power Of Attorney With New Power of Attorney and Change of Correspondence Address (1 page)
2. Statement Under 37 CFR 3.73(b) (1 page)

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Liu, et al. / Western Digital (Fremont), Inc.Application No./Patent No.: 10/724,309 Filed/Issue Date: 11/26/2003Entitled: MAGNETIC HEAD FOR PERPENDICULAR RECORDING WITH MAGNETIC LOOP PROVIDING
NON-PERPENDICULAR WRITE FIELDWestern Digital (Fremont), Inc. a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

In the patent application/patent identified above by virtue of either:

A ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Inventors To: Western Digital (Fremont), Inc.

The document was recorded in the United States Patent and Trademark Office at
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose name is printed below) is authorized to act on behalf of the assignee.

Signature

Milad G. Shara, Esq., Reg. No. 39,367

Printed or Typed Name

Chief Patent Counsel

Title

November 22, 2005

Date

(949) 672-7814

Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/724,309
Filing Date	11/26/2003
First Named Inventor	Liu, et al.
Art Unit	2651
Examiner Name	UNKNOWN
Attorney Docket Number	K35R1883

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

35219

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:


35219

OR

<input type="checkbox"/> Firm or Individual Name				
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Address				
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Telephone		Fax		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Milad G. Shara, Esq., Reg. No. 39,367		
Signature			
Date	November 22, 2005	Telephone	(949) 672-7814

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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